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n PUBLIC HEALTH

The progress in public health has been much less spectacular and less steady than that in education. Expenditures on public health have increased sharply only in recent years. In 1954 the budget of the Ministry of Public Health amounted to £S 8.764 million or 4.2% of the regular budget, as compared with actual expenditures of £S 3.431 million or 3.4% of the total in 1945. Health facilities have been gradually expanding. The number of hospitals has risen from 35 with 1,785 beds at the end of 1945 to 61 with 4,094 beds at the end of 1954. Over the last seven years the government has spent, on an average, £S 1.3 million on public health facilities, so that government hospitals now have a total of 3,000 beds. The number of doctors in Syria has risen from 616 in 1945 to about 880 at present.

Yet it is generally recognized that the state of public health is far from satisfactory. This conclusion rests upon testimony and observation rather than health statistics. The statistics, indeed, are so inadequate as to provide little indication of health conditions. The number of deaths registered, for example, imply a death rate of but seven per thousand, but the record of deaths is evidently very incomplete and the actual death rate rather high. There is still a high incidence of debilitating diseases. Malaria, for example, is prevalent in many parts of Syria. Diseases such as tuberculosis and the many varieties of intestinal infections, which are generally associated with poor sanitation and hygiene, overcrowding and low standards of living, are quite widespread. Infant mortality is particularly high. Thus 36% of the registered deaths in 1951-53 occurred among children less than five years old, and of these about the same percentage died of diarrhoea and enteritis.

An effective campaign to raise health standards would require resources which Syria will hardly be able to mobilize at its present stage of development. The health program will have to remain rather modest and should attempt primarily to remedy the more glaring deficiencies. These are, principally, the inadequate attention given to preventive medicine and the markedly unequal geographic distribution of existing health facilities.

Preventive Medicine

The prevention of disease is likely in the long run to be more economical than curative medicine. The mission believes that this aspect of

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inhabitants.[6] Here again there is unequal distribution, ranging from 5.1 per 100,000 in the Hauran area and 3.6 in Damascus down to 2.0 in the Euphrates province. Present-day standards call for one rural hospital for every 20,000 inhabitants, yet here many areas which should, by that standard, have a hospital, lack even a dispensary.

The average number of visits at dispensaries is 202 for every thousand persons, varying from 372 in the Hauran and 363 in Damascus down to 60 in the Euphrates. Since the dispensaries operate for the most part in areas without doctors, the figures must be taken to include calls which in other circumstances would be made on private doctors. There are about 7,000 visits per year at each dispensary, or an average of 23 visits per working day.

Medical Staff

In all, the country has 880 doctors including 76 foreigners. Thus there is one doctor for every 3,800 persons. In this respect Syria's standing compared with other countries is not strikingly low. The United States, Europe and the USSR have one doctor for every 1,200 persons; Latin America, South Africa, Australia, New Zealand and Japan have one for every 1,700. But Asia (excluding the USSR and Japan) and Africa (without South Africa) have only one doctor to 12,000 persons and Iraq has one per 7,000.

Yet while Syria may not be handicapped by an actual lack of doctors, their distribution over the country is as unbalanced as that of the hospital and dispensary facilities. There are some areas with populations of 25,000, without a single doctor. As for trained nurses, midwives and other auxiliary personnel, these are in fact scarcer than doctors and constitute a problem of major importance.

The mission's proposed program, as outlined in the Main Report, would place greater stress on the prevention of disease than in the past.

It is difficult to estimate the possible cost of a full disease-prevention program; it might mean an expenditure of £S 2 per person per year or £S 7 million annually, not including the large expenditures for water supply, drainage, sewerage and other major works. Obviously a program of this magnitude cannot be recommended for Syria in the near future. A

[6] In the provinces of Damascus and Homs three touring doctors provide the same type of services at the dispensaries.

874 graduates are required to serve an additional year in an approved hospital before they are registered to practice. The instruction in the University is in Arabic, although [191] French and English are employed in technical terms and phraseology.

Schools of dentistry, pharmacy and nursing also function within the Faculty of Medicine. The School of Nursing is associated with the National Hospital, which is operated by the medical faculty. The course of training covers three years, with provision for a fourth year in midwifery. Practical nurses' training programs for girls are carried on in a few private institutions. Courses for the training of male nurses are furnished in all the larger government hospitals.

Personnel

759 **Physicians.** Between 670 and 726 physicians were practicing in Syria in 1951. The majority were established in the larger towns and cities. Approximately one half of the total were located in the province of Damascus and over one quarter in the province of Aleppo. The medical personnel of the Ministry of Health numbered 135, including 6 doctors on the headquarters administrative staff and 7 or 8 in the government laboratories. Five doctors were connected with the municipal health organization in Damascus, 5 in Aleppo and 1 each in Homs and Hama.

Dentists. From 175 to 209 dentists were registered in the country. About 75 per cent resided in Damascus, the remainder in Aleppo.

Nurses. In 1951, also, there were 352 male and female nurses. About 62 female nurses and an equal number of male nurses were employed by the Ministry of Health.

344 **Others.** From 148 to 210 graduate midwives, the majority of whom had preliminary nursing training, were practicing in Syria. They were about equally divided between the provinces of Damascus and Aleppo. Large numbers of untrained midwives worked in the rural villages in all